

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

<u> X</u>6600

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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I		1		Telephone Number	nspection ID #		
Fatablisher	e Bari	<del>-</del>		(812) E7255-0834	17/78	17019	18-83
Establishir	ent Aggre M.:	ss (nu	imber and street, city, state, zip code)	(502) 299= 3454	2/20	72017	
Owner 2	/ 14	۸ .	St. New Albay, IN 47150	<del> </del>		<u>,</u>	L
Miche				Purpose:	Follow-up Release Date		
Owner's A		<del>Y</del>		1. Routine	No 10 days		
Ownersa	uuress	•		2. Follow-up	Summary of Violations:		
Person in (	Thoras	_		3. Complaint	Complaint		
Greo		1.		4. Pre-Operational	$C \bigcirc NC Z R \bigcirc NC$		
Responsible				5. Temporary			
Responsibil	e i cison s	To-mis	111	6. HACCP	Menu Type (See back of page)		
Certified F	hed Hand	er		7. Other (list)	1 × 2 3 4 5		
Corvince	ood Hand				1 <u> </u>	3	_45
CDIGICAL POPULATION AND AND AND AND AND AND AND AND AND AN							
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative Narrative			To Be Co	rrected By
245	NC		Observed rags outside of savifier/al	loved to day		Todo	4
430	NC Observed rags outside of souther fallowed to day Today  NC Observed (7) strings/molding cailing tiles in marrie restron I mostly						* Na
			Cosare (1) store morning allim	1774) IN MANUEL CO	AL-O LI	/ Ma	417
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Received by	(name and	title 1	printed);	Inspected by (name and title pr	inted):		
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Accorded by	A signature	" /	<i>/                                    </i>	Inspected by (signature):	C.		
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